

10/1/2018



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000285598 3)))



H180002855983ABCD

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

77		
	$\sim$	•

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future a ninual report mailings. Enter only one email address pleases \*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HEALTHSOUTH OF SPRING HILL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

(DY)

1:i

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F00000000727	
(Document n	number of corporation (if known)
HealthSouth of Spring Hill, Inc.	
(Name of corporation as it ap	opears on the records of the Department of State)
	40.400.000
(Incorporated under laws of)	3. 02/09/2000 (Date authorized to do business in Florida)
(moorporated under taws or)	(Date authorized to do easiliess in Frenday
(4-7 complete o	SECTION II ONLY THE APPLICABLE CHANGES)
. If the amendment changes the name of the corpo	oration, when was the change effected under the laws of
its jurisdiction of incorporation? 10/01/2018	
Encompass Health Rehabilitation Hospital of Spring Hill.	, Inc.
appropriate abbreviation, if not contained in ne	201
(If new name is unavailable in Florida, enter altebusiness in Florida)  If the amendment changes the period of duration	n, indicate new period of duration.
· · · · · · · · · · · · · · · · · · ·	(New duration)
If the amendment changes the jurisdiction of inc	corporation, indicate new jurisdiction.
<u> </u>	(New jurisdiction)
Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the jurisday.	import, evidencing the amendment, authenticated not more than be Department of State, by the Secretary of State or other official diction under the laws of which it is incorporated.
(Signature of a directo	or, president or other officer - if in the hands court appointed fiduciary, by that fiduciary)
Robert W. McCalhun, III	Vice President
(Typed or printed name of person signing)	(Title of person signing)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'HEALTHSOUTH OF SPRING HILL, INC. , FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SPRING HILL, INC. ON THE THIRD DAY OF JULY, A.D. 2018, AT 10:37 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF OCTOBER, A.D. 2018 AT 12:01 O'CLOCK A.M.



Authentication: 203527704 Date: 10-01-18

3169422 8320 SR# 20186925729

You may verify this certificate online at corp.delaware.gov/authver.shtml